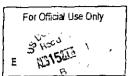
U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - (52)	2. Fiscal Year Covered From		
	01/01/04 Through: [2/3]/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name ROGER D CLARK	Name I.B.E.W. LOCAL 16		
•	Labor Organization File Number 033262		
P.O. Box, Blog., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7333 Parkridge	Street 9001 N.Ke. v fucky AVE		
City NEWBURGH	City Expressible		
State	State ZIP Code + 4		
5. Position in labor organization. EXAMING BOARD MEMBER			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount			
Street				
City				
State ZIP Code - 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the			
Signed Though & Clark	on 8-9-05 8/2-422-3343			
' //	Date Telephone Number			

Name of Person Filing	File Nulls	e: U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, seiling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Glectrical JAEC		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust (JANC)	
Street 1321 EdgAR STREET	c. Employer	
city Evansuille		
State ZV ZIP Code + 4 47710		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Electrical JAte	Bereluter at of	milage partiblisho
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1331 Edgar SHEAT	11.b. Approximate dollar value of such de	alino #2707/23
City Evangualle	12.a. Nature of interest held or income	
State 70 ZIP Code + 4 47/10	Beinbursament of	fmiliage mid 13/hale
	12.b. Amount	专为中国
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	,	
City		
State ZIP Code + 4		-
	14.b. Amount of payment.	, , , , , , , , , , , , , , , , , , , ,
13 b. is the Business an Employer or Consultant ?		